

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

## 1. PLACE OF BIRTH

County

State

District or Township

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

(If child is not yet named, make supplemental report, as directed.)

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

of birth

Month

Day

Year

## 8.

## FATHER

Full name

## 14.

## MOTHER

Full maiden name

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

## 10. Color or race

## 11. Age at last birthday

(Years)

## 16. Color or race

## 17. Age at last birthday

(Years)

## 12. Birthplace (city or place)

(State or country)

## 18. Birthplace (city or place)

(State or country)

## 13. Occupation

Nature of industry

## 19. Occupation

Nature of industry

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

## (a) Born alive and now living

## (b) Born alive but now dead

## (c) Stillborn

## 21. Were precautions taken against oph-

thalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

at

6 p.m.

on the date above stated.

(Born alive or stillborn.)

Signature

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
a supplemental report

Month, day, year

Address

Filed

1931

Registrar

Registrar

684-1212 - 473